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SUMMARY RECORD OF THE 498th MEETING

Held at the Palais des Nations, Geneva,
on Monday, 5 October 1998, at 3 p.m.

Chairperson: Miss MASON

CONTENTS

GENERAL DISCUSSION ON CHILDREN LIVING IN A WORLD WITH HIV/AIDS (continued)

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The meeting was called to order at 3 p.m.

GENERAL DISCUSSION ON CHILDREN LIVING IN A WORLD OF HIV/AIDS (agenda item 5) (continued)

1. Mrs. THOMPSON (Rapporteur of the Working Group on Non-Discrimination) presented the Group's recommendations and conclusions under two main headings - legislation and policies, and advocacy and positive interventions - aimed at States, agencies and non-governmental organizations (NGOs). The Group urged States to promote and protect the provisions and principles enshrined in the Convention, to recognize that children were holders of their own rights and should be fully involved in the development of child policies and programmes, in accordance with their evolving maturity. The States parties were invited to enact legislation that explicitly forbade discrimination on any of the grounds spelled out in article 2 of the Convention (which included property, disability, birth or other status) against children affected by HIV/AIDS.

2. The Group also recommended that the States parties should review their laws and practices to eliminate any discrimination against children and that they should enact legislation establishing the legal minimum age for access to health care and welfare benefits. States, agencies and NGOs should promote creative education designed to alter discriminatory attitudes associated with HIV/AIDS. Legislation should guarantee children access to information on HIV testing and the rights to confidentiality with respect to HIV. Turning to the section on advocacy and positive interventions, she said it was important that children should be full participants at every stage in designing and implementing policies and programmes relating to information and education on HIV/AIDS that aimed at reducing discrimination, stigmatization and fear. Persons employed in child-care agencies should receive training in matters relating to HIV/AIDS-affected children. It was also vital for States, agencies and NGOs to be involved in education campaigns relating to HIV/AIDS, its modes of transmission, discrimination against those infected, prevention strategies and promotion and protection of the rights of affected and vulnerable children. The campaigns should be evaluated periodically and should target various groups, including parents. States should incorporate courses on reproductive health and HIV/AIDS into school curricula. They should also reassess data collection and analysis to ensure that the data covered all children recognized under the Convention (in other words, all persons under 18). Lastly, the media had an essential role to play in protecting the rights of children affected by HIV/AIDS.

3. Mrs. LANSDOWN (Rapporteur of the Working Group on Prevention) summarized the seven basic issues on which the Group had focused: the need for multisectoral strategies for the various contexts (socio-economic, cultural and political) in which children and parents lived; the importance of basing preventive strategies on the principles contained in the Convention which adopted a holistic approach to children and childhood; the need for improved knowledge of what did and did not work on the ground; the fundamental right of access to information and the media's role in that regard; children and young people as social actors; the importance of data disaggregated by sex and age and the question of mother to child HIV transmission.

4. The Group had gone on to formulate recommendations addressed to the Committee. The Committee should encourage Governments to collect data disaggregated by sex and age and should ensure that the States parties prepared a strategy to provide children, young people and parents with information on HIV/AIDS. More effective cooperation among young people and adults was recommended in the design, application and assessment of HIV/AIDS-prevention strategies. The role of children as peer educators was emphasized in that regard. The Committee could usefully encourage Governments also to provide training for the media so as to enable them to sensitize the general public more effectively to the risks of contracting HIV/AIDS. Governments should create an environment that would help the NGOs to work more effectively in that area. Lastly, the Joint United Nations Programme on HIV/AIDS (UNAIDS) should record and publicize successful examples of prevention so as to help Governments prepare their own strategies and support the work of NGOs.

5. Mr. STALHÖFFER (Rapporteur of the Working Group on Care) began by mentioning the four caring categories discussed: children born infected with HIV, AIDS orphans, children whose development was affected by reductions in services as a result of the HIV epidemic, and traditional caring systems. He mentioned the importance of NGO experience and its limitations. The Group had also discussed ways of improving the quality of life of HIV-positive parents, and had decided that it was crucially important to share information on successful national experience. It was also important to ensure better dissemination of basic information on AIDS-related care. The Group's recommendations to Governments included the creation of an enabling environment for meeting children's special needs, the inclusion of a national HIV/AIDS-control programme in monitoring and coordination mechanisms, the introduction of sound adolescent reproductive health policies, the adoption of the International Code for Breast Milk Substitutes, the implementation of the International Guidelines on HIV/AIDS and Human Rights, the organization of HIV/AIDS awareness-raising campaigns, the promotion of mutual assistance and the allocation of resources to strengthen international cooperation for the provision of medical and psychosocial care. The Group also recommended that the international agencies should facilitate the exchange of information and promote research. Lastly, it recommended that the various human rights and children's NGOs should establish closer collaboration.

6. The CHAIRPERSON invited the participants to comment on the recommendations of the three working groups.

7. Mr. Du GUERNY (Food and Agriculture Organization of the United Nations (FAO)) suggested that the recommendations of the Working Group on Non-Discrimination should contain a reference to "land tenure" after that to "property" and that the recommendations of the Working Group on Prevention should include the need to indicate the place of residence in the data disaggregated by sex and age, if it differed from the place where the screening had taken place.

8. Mr. PATTERSON (UNAIDS) said that the Working Group on Care had examined the International Guidelines on HIV/AIDS and Human Rights within the context of its consideration of national legal issues. Many of the recommendations relating to legal reform and protection mentioned by the Working Groups on

Prevention and Care appeared in those guidelines, which had been adopted by the Second International Consultation on HIV/AIDS and Human Rights in September 1996. Since the Secretary-General had asked for the views of all Governments, NGOs and agencies on those Guidelines, it was important that the Committee on the Rights of the Child should endorse them forthwith and invite Governments to adopt them and to respond to the Secretary-General by submitting their national implementation plans for consideration at the forthcoming session of the Commission on Human Rights.

9. Mrs. PALME asked whether the comments of the young participants would be incorporated into the Committee's recommendations.

10. The CHAIRPERSON replied that the Committee would include those comments in the final list of recommendations.

11. Mrs. MBOI said that one young lady had made a very specific recommendation to the Working Group on Care, namely, that children and families affected by AIDS should be better informed of the services available to them.

12. Mrs. FREEMAN (International Women's Rights Action Watch (IWRAW)) said she was concerned by the fact that, in most cultures, there was a degree of discrimination against young women, who were particularly vulnerable. It was important, therefore, that the recommendations should target that population group more specifically.

13. Mrs. SACKSTEIN (NGO Group on the Convention on the Rights of the Child) said that the Committee should pay special attention to children who lived in particularly difficult circumstances and were totally unable to escape their destiny, such as children involved in armed conflict and migrant children. With respect to such children, the Committee should recommend the organization of preventive and curative strategies involving the international community as a whole, as well as the Governments concerned.

14. Mr. RAM (World Vision International) said that, according to research carried out in Uganda, girls were more affected than boys by the AIDS pandemic and its effects. In his view, the Committee should therefore, in its recommendations to States, place the emphasis on the preventive and protective measures to be established for girls and ensure that the assistance given to children took that state of affairs into account.

15. The CHAIRPERSON said she would like to know what the basis was for asserting that girls were the prime victims of AIDS. She pointed out that, in the 15 to 24 age group, boys were also seriously exposed to the risks posed by AIDS, since homosexuality and young male prostitution were rife in many parts of the world.

16. Mr. RAM (World Vision International) said that boys were particularly exposed between the ages of 18 and 24. All the data and surveys showed that, before the age of 18, girls were the prime victims of sexual abuse and sex tourism. That state of affairs was the combined result of a number of factors that emerged from the surveys conducted on the comparative situation of boys and girls, which were at the Committee's disposal.

17. Mrs. BLOEM (World Federation of Methodist and Uniting Church Women) said that the disparities in the situations of boys and girls, as well as the cultural differences between countries in that regard, should be taken into account when the strategies were being prepared.

18. The CHAIRPERSON, supported by Mrs. MALUWA (UNAIDS), stressed the need for statistics disaggregated by sex.

19. Mrs. BAHRTI (UNAIDS) underscored the fact, mentioned during the discussions of the Working Group on Prevention, that children must be more involved in all procedures, whether at the national level or before the Committee.

20. The CHAIRPERSON said that two children had stated their views at the previous meeting. Speaking in her personal capacity, she said she wondered why, when AIDS had been the subject of myriad discussions, surveys, statistics and guidelines for more than 20 years, there was still such widespread discrimination against HIV-positive or AIDS-infected persons. What could organizations like WHO, UNAIDS and the Committee on the Rights of the Child do to help reduce such acts of discrimination?

21. Mrs. MBOI said that, during the discussions in the Working Group on Care, some participants had felt that the drama needed to be taken out of AIDS. A balance had to be found between the appropriate mobilization of public opinion in the fight against AIDS and the reactions of fear and stigmatization that were all too often observed. In-depth work with the media would help to achieve that balance.

22. Mr. CONNOLLY (UNAIDS) having referred to the constructive approach adopted by Uganda in that regard, Mr. MUSISI (AFXB/AMREF/Uganda) explained that the Ugandan Government and the NGOs present in the country had encouraged HIV-positive or AIDS-infected persons to come forward and speak openly about their situation. They were much less stigmatized than in other countries; anyone could see that many of them led normal lives and still had a certain life expectancy. That general attitude was a factor of de-dramatization and hope for all who feared or admitted that they were HIV-positive and an incentive to submit to screening.

23. Mrs. JANKANISH (International Labour Organization (ILO)), stressing the importance of the legislative framework in the anti-AIDS campaign, said that ILO was in the process of preparing some new rules on the worst forms of child labour which included child slavery and the sale of children, as well as child prostitution, a phenomenon which, of course, exposed children to a serious risk of HIV infection. The rules being prepared also required the States to set up rehabilitation programmes to meet children's affective and psychological needs, and encouraged them to seek out and establish contact with children at risk. The Committee could thus draw the States' attention to the new rules being prepared by ILO.

24. Mrs. RUBENSON (Save the Children Fund, Sweden) underscored the particular importance of legislation on prostitution. She also observed that the terminology used was far from neutral and that the improper use of certain

words served only to reinforce the stigmatization of HIV/AIDS-affected persons. She recommended, for instance, that the term "victims" be replaced by "HIV/AIDS-affected children".

25. The CHAIRPERSON asked the participants for their views on the meanings of the words "protection" and "prevention" respectively and on where exactly the dividing line between the two concepts was to be drawn.

26. Mrs. ELLIOT (Save the Children Fund, United Kingdom) said she thought that the word "protection" was particularly applicable to vulnerable children: children who worked, children in prison, refugee children and street children. All such children required special protection measures, including legal rules. The term "prevention" was broader in scope; it embraced, among other things, the information to be given to children and young people to encourage them to protect themselves against the risk of infection. However, the two concepts were closely linked.

27. Mrs. KARP said that the problem of children directly or indirectly affected by HIV/AIDS must also be studied and taken into account within the framework of articles 39 and 24 of the Convention. It must be possible to invoke those articles in order to ensure the provision of physical and psychological rehabilitation for AIDS-infected children, possibly in the context of negligence, even if they had not been battered or ill-treated.

28. Mrs. LARSON (World Health Organization (WHO)) drew attention to another aspect of discrimination: discrimination based on age. While adolescents generally enjoyed ready access to information, the same was not true of young children.

29. Mrs. ELLIOT (Save the Children Fund, United Kingdom) added that there was also a form of age-based discrimination with regard to access to services and care and that efforts must be made to eradicate that, too.

30. Mrs. MBOI raised the question of placement in adoptive families or in institutions of children whose parents had died of AIDS or who were themselves infected by HIV/AIDS. A major information campaign needed to be launched to avoid stigmatizing those children and to encourage foster families to take them in. It was also important to invite States to monitor regularly the manner in which such children were treated and attended to in the host families or institutions.

31. Mr. LINDBLAD (United Nations Children's Fund (UNICEF)) said he recommended, with regard to children whose parents had died of AIDS, that expressions such as "AIDS orphans" should be discontinued in favour of children orphaned by AIDS, just like other children who were orphaned for other reasons. The growing number of children orphaned by the AIDS epidemic did, however, pose a serious problem.

32. Mrs. MOKHUANE highlighted the difficulty the Committee had encountered in obtaining readily usable statistics that were disaggregated by sex and age. Whereas the term "child" in the Convention covered all persons from birth to 18 years of age inclusive, the statistics covered variable age groups, depending on the country, such as from birth to 15 and from 15 to 25.

Moreover, the age of sexual consent varied from one State to another, generally between 14 and 16. The question was, therefore, whether the Committee should encourage a harmonization of ages and statistics or whether it should adapt itself to the varying situations that actually existed.

33. Another point to be taken into account in connection with the risks of HIV infection was the partner's age. In the developing countries at any rate, girls often had mature men as partners, a situation that could play havoc with the information and prevention policy. Breastfeeding was another problem that should not be overlooked: on the one hand, the practice seriously exposed babies to the risks of infection (many mothers were HIV-positive without being aware of the fact), while, on the other, it assured them of a certain quality of nutrition. In many countries, if babies were not breastfed they were given feeding bottles containing more water than milk and hardly any nutrients. All those factors should be borne in mind.

34. Miss MISHRA (Children's Forum of Nepal) asked what use would be made of the recommendations her organization had submitted and said she would like to have a written report of the current meeting, indicating to what extent they had been taken into account in the Committee's work.

35. The CHAIRPERSON replied that the recommendations in question would be studied, as would the suggestions made during the meeting. A synoptic report would be drawn up, in which the children's recommendations would be taken into account, and copies would be sent to all the participants, who could submit them to their peers and their Governments.

36. Mrs. PINET (World Health Organization (WHO)) said that her organization would make its experience in public health legislation available to Governments that wished to revise their laws with a view to including in them the principles of prevention and non-discrimination in the context of AIDS.

37. Mr. ANDERSSON (Swedish International Development Agency (SIDA)) stressed the importance of access to information on AIDS, particularly in the framework of educational programmes, and the way in which that information was imparted. Efforts should be made to transmit positive messages and to strengthen certain structures so as to provide for the relief not only of the AIDS-infected but also of their families and especially widows who, after their husbands' deaths, had to take over alone responsibility for their children's education.

38. Mrs. SNETRO (Save the Children Fund, United States), reverting to the subject of prevention, said that its aim should be to alter attitudes in the long term. The Committee should, moreover, work with Governments to highlight the protection rules for women and children and thus promote their emancipation.

39. Mr. Du GUERNY (Food and Agriculture Organization of the United Nations (FAO)), referring to the inhabitants of rural areas, said that it would also be advisable to look into the possibility of incorporating customary law and traditional practices into domestic law, inasmuch as rural institutions enjoyed more authority and influence over rural communities and had easier access to them.

40. Mrs. ELLIOT (Save the Children Fund, United Kingdom), quoting the example of the United Kingdom where the age of sexual consent was 16, said the fact that a law was in force did not necessarily mean that it reflected actual behaviour because, on average, girls there had their first sexual experience at 14 and boys at 13. There was a link of cause and effect between poverty and early sexual relations, which explained why the problem was more acute in the poorest countries. Consequently, to lower the AIDS transmission rate, the first requirement was to tackle cultural and economic problems through action to increase girls' chances of access to education and employment, with particular attention to vulnerable children and the enforcement of the relevant protection laws.

41. Mr. LINDBLAD (United Nations Children's Fund (UNICEF)) said that it was important to take into account the question of homosexuality when dealing with sexuality, the age of sexual consent and AIDS.

42. Mrs. RUBENSON (Save the Children Fund, Sweden) said that breastfeeding policy should not be uniform, since each country was a special case. Advising bottle-feeding when a mother was HIV-positive was justified in the developed countries where women were medically monitored. However, in countries where women did not enjoy that privilege, it could be dangerous because women, even those who were not HIV carriers, might stop breastfeeding their children for fear of infecting them and thus expose them to the risks inherent in artificial feeding.

43. Mr. RAM (World Vision International) said that the UNICEF and WHO Recommendations on the subject were clear. He condemned the pressure exerted by the large multinational corporations which encouraged mothers to resort to bottle-feeding on the pretext that they might otherwise infect their children. Moreover, he emphasized the risk of stigmatization that the situation could generate. Bottle-feeding mothers risked being systematically regarded as HIV-positive. He suggested that the Committee should recommend that a study be carried out on breastfed children and their mothers, with a view to assessing the infection rate in that group. It would be useful from the scientific point of view.

44. Mrs. MBOI said that it was important not only to take the case of each country into account but also that of each mother and to inform mothers of the feeding options available to them. She would like to know, for instance, whether the virus could be eliminated from breast milk by heating, whether there were different precautions to be taken according to the stage of infection and whether there were breast-milk banks. In that way, mothers could decide, with a full knowledge of the facts, which course they should follow. Turning to the therapies available, particularly those for the underprivileged, she said she hoped that the Committee would recommend the establishment of an international fund to facilitate the access of HIV-positive children to treatment and help HIV-positive mothers not to transmit the virus to their children. Lastly, she also suggested that the Committee should recommend that research in that field be intensified, particularly on the effects of the retrovirus on breastfeeding.

45. Mrs. ELLIOT (Save the Children Fund, United Kingdom) said, with reference to the subject of the mother-to-child transmission of the virus, that preventive action by educating mothers and girls was of the utmost importance.

46. Mr. ABRAMSON (UNAIDS) emphasized the interdependent nature of questions affecting children, families and society. The activities of the Children's Forum of Nepal was a fine example, integrating, as they did, the question of AIDS into a wider programme on children's rights and the development of their personalities. Likewise, the obstacles encountered with regard to sex education must be overcome by paying attention to the problems of adults and of the community. Summarizing the discussion, he observed that many of the recommendations dealt with public health legislation and, more particularly, with the need to enact laws authorizing young people to have access to the health services. If young people were capable of taking decisions in their own interest, that capability should be officially recognized. It should also be recognized that young people were holders of rights and the principles of the Convention should be implemented so as to enable them to exercise those rights. There again, the interdependence of the steps to be taken was evident; it was not merely a matter of dealing with young people's access to AIDS screening, prevention and care services, but also of their access to general health services. The question must be tackled in its entirety, from the angle of young people's harmonious development.

47. Another topic frequently raised during the discussion was that of information. Some 20 years after the onset of the pandemic, there was still a great deal of fear, ignorance and mythology concerning HIV/AIDS, attesting to the failure of the education campaigns. It was less the information itself than the manner in which it was imparted that was likely to produce any real change in attitudes. Care must be taken to ensure that the message sent fitted into the recipients' value system. It was also necessary to target different audiences: the same message did not suit everyone. Efforts should also be made to pinpoint practices and methods with a positive effect so as to guarantee that the information reached Governments, NGOs and intergovernmental institutions. Another form of information sharing mentioned was that of cooperation between NGOs and States in preparing the reports submitted to the Committee. NGOs could also communicate information directly to the Committee, especially on HIV/AIDS issues. They could also undertake to publicize the Convention and provide training in it. The International Guidelines on HIV/AIDS and Human Rights had been published and distributed (HR/PUB/98/1). They constituted a genuine instrument for the prevention of discrimination and a guide for the implementation of human rights and the Convention. They were also a medium of information which Governments could adopt and NGOs could help to implement.

48. Attention had also been drawn to the dearth of information in many areas and more work had to be done to identify sound practices and the best methods. NGOs, particularly those working at the grass-roots level, having as they did more direct experience of what worked and what did not, could make a contribution there. They could help propagate the lessons drawn from their experience by establishing relationships with other organizations. Emphasis had also been placed on the need for more reliable data, especially sex-disaggregated statistics, which were needed for working out sounder

policies and programmes that corresponded to the needs of particular communities or countries. It was also important to pinpoint the areas in which information was lacking. Accordingly, more in-depth research should be conducted on the scientific aspects and prevention of mother-to-child transmission.

49. Participation was another concept that had frequently been raised during the discussions. Peer education had been mentioned on several occasions. The fact that young people should be involved in the elaboration of policies and programmes had also been underscored. They should enjoy specially designed "child-friendly" services, particularly in the area of health. Consultation of young people would reveal the obstacles to dissemination of information and contribute to the devising of strategies to overcome them.

50. Another point frequently made during the discussions was that young people did not constitute a homogeneous group. Also discussed were discrimination against girls, their emancipation, the imbalance between urban and rural areas, young drug addicts, young people subjected to sexual exploitation and trafficking and those involved in situations of armed conflict. Each of those population groups would need to have specially devised educational and preventive measures adapted to their particular situation.

51. Another much discussed topic was the need to avoid stigmatization of HIV/AIDS victims in the campaign against the epidemic. Suggestions had been made with regard to the terminology that should be used. Certain words were more likely than others to produce stigmatization. The need to avoid labelling individuals had also been mentioned. Thus, children orphaned by AIDS were but a single component of a whole and attention should not be focused on one component to the detriment of the others.

52. The HIV/AIDS problem was no different from the other problems encountered by young people, who were vulnerable because of the economic and social forces with which they were unable to cope. Thus, poverty was an obstacle that impaired their access to education, to health services and to basic foods. It was also linked to sexual exploitation. There was also a disparity in status between boys and girls. Moreover, there were young people in special situations: young people in detention, drug addicts, sexually exploited young people and children involved in armed conflicts, all of whom were much more vulnerable than their counterparts. For that reason, it had been stressed time and time again that it was essential that the Convention should be implemented in its entirety, inasmuch as all the rights of the child were instrumental in promoting the health, well-being and emancipation of young people and all questions relating to their vulnerability were human rights questions. Reducing the vulnerability of young people, their families and their communities by the holistic implementation of the Convention was therefore the main idea to be promoted by the Committee.

53. Mr. LINDBLAD (United Nations Children's Fund (UNICEF)) said that it should be mentioned in the recommendations to be adopted by the Committee that the principles contained in the Convention were as valid for young homosexuals as for other children. In the developed countries, young gays and lesbians accounted for 40 per cent of new infections. The Convention applied to both

developed and developing countries and the former were not free from stigmatization and discrimination, which also took the form of legal provisions that ran counter to the principles of the Convention.

54. Mr. RAIKA (Children's Forum of Nepal) said he would like to know what participants thought was the medium of information best suited to popularization of the campaign against HIV/AIDS.

55. Mrs. SNETRO (Save the Children Fund, United States) said that the community radio stations seemed to be the best medium for reaching young people, whether or not they were attending school.

56. Mr. MUSISI (AFXB/AMREF, Uganda) said that the very successful method of question boxes was used in his country. In all schools, adolescents could anonymously deposit questions regarding the problems bothering them. Therein lay a source of information that could be used to organize discussion groups on a given subject, in the light of the young people's sensitiveness and interests. Pamphlets were prepared for those who could read, but more often than not the meetings took place around a table or under a tree.

57. Mrs. PALAU (Casa Alianza) said that the best vehicle for information consisted of the NGOs which worked directly with children and were therefore able to provide them with explanations. Television was doubtless a very effective medium in the developing countries, since even those without a television set - street children and poor children - could always watch television in public places such as bars. However, while television was a much better medium than radio or books, personal interaction was still, when all was said and done, the most effective method.

58. Mr. RAIKA (Children's Forum of Nepal) took the view that the best solution was to include information on HIV/AIDS in school curricula. Peer education could be an effective tool for street children, some of whom watched television and could influence their friends. Care should always be taken not to cater solely for schoolchildren who were in the minority in many developing countries.

59. Mr. KAMARATOS (Enfants du Monde - Droits de l'Homme) said that generalization was dangerous and that there was no single and ideal medium for disseminating information. Any information needed to be adapted to the social, economic and cultural context in which it was supplied. The programmes should also pay attention to teacher training, since teachers had a decisive role to play.

60. Mrs. KARP said that the diversity of information targets should be borne in mind in any strategy. The recommendations should point out that schoolchildren were not the only group with which work had to be done. National legislation could be an instrument for creating services specifically for children and that should, in fact, be an obligation on Governments.

61. Mrs. SCHURCH (World Association of Girl Guides and Girl Scouts) said that her Association endeavoured to work at the grass-roots level with street children and to provide information to the largest possible number. Young people from the developed countries visited developing countries, especially

in Africa, to conduct information campaigns with suitable materials, such as drawings. However, any campaign should take account of cultural diversity, especially religious beliefs.

62. Mrs. MOURAVIEFF-APOSTOL (International Federation of Social Workers) said that the essential factor was that children affected by HIV/AIDS should be treated with respect and shown that, ill or not, literate or not, they had a contribution to make to society.

63. Mrs. MALUWA (UNAIDS) said that UNAIDS intended to distribute in pamphlet form the recommendations to be adopted by the Committee which would serve, in a sense, as a reference point in the dialogue with the States parties on HIV/AIDS issues.

64. Mr. CONNOLLY (UNAIDS), having thanked the organizations that sponsored the Joint United Nations Programme, many of which had made statements during the general discussion, said he was pleased by the interest shown by many other institutions, such as UNHCR and ILO, and their growing support for the Programme and its efforts to strengthen the action it had undertaken in cooperation with several organizations of the United Nations system.

65. Mrs. OUEDRAOGO said that the question of AIDS was regularly raised by the Committee during its examination of country reports on the implementation of the Convention. The recommendations that had emerged from the discussion and which focused mainly on non-discrimination, prevention and treatment would be duly taken into account by the Committee so as to ensure that the rights of children affected or infected by HIV/AIDS were dealt with in the reports presented, together with the rights of those who were vulnerable to the pandemic. The Committee thanked all participants for their valuable contributions to the discussion and expressed its gratitude for their public support to the Committee in making preparations for the Discussion Day. Special thanks were due to the representatives of the Children's Forum of Nepal whose contribution demonstrated the need to heed what children had to say as well as their capacity to participate. The Committee encouraged them to pursue their activities in defence of the rights of children.

The meeting rose at 5.45 p.m.